

**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)

**CGD-002.0 US**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,028,075, granted Feb. 22, 1998, and for which a reissue patent is sought on the invention entitled Quinazolinone Containing Compositions for Prevention of Neovascularization and for Treating Malignancies,

the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_ / \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification or drawing.

☐ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

an erroneous/incomplete formula for the quinazolinone compounds  
described in the specification appears throughout the specification and claims

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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) CGD-002.0 US							
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 40%;">Name(s)</th> <th style="text-align: left; width: 60%;">Registration Number</th> </tr> <tr> <td>Leon R. Yankwich</td> <td>30,237</td> </tr> <tr> <td>David G. O'Brien</td> <td>46,125</td> </tr> </table>				Name(s)	Registration Number	Leon R. Yankwich	30,237	David G. O'Brien	46,125
Name(s)	Registration Number								
Leon R. Yankwich	30,237								
David G. O'Brien	46,125								
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Customer Number             <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 10px;"></div> <span>→</span> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 150px;">                 Place Customer Number Bar Code Label here             </div> </div> <p><b>OR</b> <span style="margin-left: 100px;">Type Customer Number here</span></p>									
<input checked="" type="checkbox"/> Firm or Individual Name	Leon R. Yankwich								
Address	Yankwich & Associates								
Address	130 Bishop Allen Drive								
City	Cambridge	State	Mass. ZIP 02139						
Country	U.S.A.								
Telephone	(617) 491-4343	Fax	(617) 491-8801						
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>									
Full name of sole or first inventor (given name, family name)									
Mark Pines									
Inventor's signature <i>Mark Pines</i>									
Residence 128 Pinsker St., 76308 Rehovot, Israel		Date <i>2/11/00</i>							
Post Office Address 128 Pinsker St., 76308 Rehovot, Israel		Citizenship Israel							
Full name of second joint inventor (given name, family name)									
Israel Vlodavsky									
Inventor's signature <i>Israel Vlodavsky</i>		Date <i>Oct. 10, 2000</i>							
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Full name of third joint inventor (given name, family name)									
Arnon Nagler									
Inventor's signature <i>Arnon Nagler</i>		Date <i>9-21-2000</i>							
Residence 46 Sderot Herzl, 74381 Jerusalem, Israel		Citizenship Israel							
Post Office Address 46 Sderot Herzl, 74381 Jerusalem, Israel									
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.									

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 Bone Marrow Transplant  
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 91120 Jerusalem, Israel

continuation of signature section, from page 2,  
REISSUE APPLICATION DECLARATION BY THE INVENTOR

Full name of fourth inventor: Hua-Quan Miao

Inventor's signature:

*Huaquan Miao*

*12/16/00*

date

Residence:

*4 Boxwood Court, Edison, NJ 08820  
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Post Office address:

Citizenship:

*China*

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned:

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(hereinafter called the "assignors"), hereby sell, assign and transfer 50% to:

HADASIT MEDICAL RESEARCH SERVICES AND DEVELOPMENT COMPANY LTD.  
KIRYAT HADASSAH  
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and  
50% to:

AGRICULTURAL RESEARCH ORGANIZATION  
MINISTRY OF AGRICULTURE  
THE VOLCANI CENTER  
50250 BET DAGAN  
ISRAEL

(hereinafter called the "assignees"), their accessors, assigns, nominees or other legal representatives, the Assignors' entire right, title and interest in and to the invention entitled:

QUINAZOLINONE-CONTAINING PHARMACEUTICAL COMPOSITIONS FOR PREVENTION OF NEOVASCULARIZATION AND FOR TREATING MALIGNANCIES

described and claimed in the following patent applications:

U.S. Patent Application identified as Attorney Docket No. 959/3 and U.S. Application No. 08/197,783;

and in and to said Patent Applications, and all original and reissued Patents granted therefor, and all divisions and continuations thereof, including the right to apply and obtain Patents in all other countries, the priority rights under International Conventions, and the Letters Patent which may be granted thereon;

Signed and sealed this      day of      , 1997.

*Mark Pines*      30/5/97  
x MARK PINES

ISRAEL VLODAVSKY

ARNON NAGLER

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned:

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and  
50% to:

AGRICULTURAL RESEARCH ORGANIZATION  
MINISTRY OF AGRICULTURE  
THE VOLCANI CENTER  
50250 BET DAGAN  
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(hereinafter called the "assignees"), their accessors, assigns, nominees or other legal representatives, the Assignors' entire right, title and interest in and to the invention entitled:

QUINAZOLINONE-CONTAINING PHARMACEUTICAL COMPOSITIONS FOR PREVENTION OF NEOVASCULARIZATION AND FOR TREATING MALIGNANCIES

described and claimed in the following patent applications:

U.S. Patent Application identified as Attorney docket No. 959/3 and U.S. Application No. 08/797,703;

and in and to said Patent Applications, and all original and reissued Patents granted therefor, and all divisions and continuations thereof, including the right to apply and obtain Patents in all other countries, the priority rights under International Conventions, and the Letters Patent which may be granted thereon;

Signed and sealed this 30 day of May, 1997.

MARK PINES

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